

Brent D. Sherard, M.D., M.P.H., Director and State Health Officer

Governor Dave Freudenthal

**Denial Notice**  
**Presumptive Eligibility (PE)**  
**Medicaid Pregnant Women Program**

Date:

Client Name:

Client Mailing Address:

Based on the information you provided, you are not eligible for the Presumptive Eligibility (PE) program because of your household income and family size.

A denial of PE does not mean that you are not eligible for other EqualityCare/Medicaid programs.

It is important that you complete a Healthcare Coverage Application and submit it to your local Department of Family Services (DFS) as soon as possible for a complete evaluation of your family's eligibility for EqualityCare/Medicaid. DFS will notify you of approval or denial for other programs.

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Qualified Provider

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Qualified Provider's Telephone Number